

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TEXAS  
SAN ANTONIO DIVISION**

**RUBEN RAMIREZ,**  
**TDCJ No. 1819361,**  
*Plaintiff,*

**v.**

**FEAZEL, et al.**  
*Defendants.*

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**CIVIL ACTION No. 5:15-cv-00333**

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**Defendant Feazel's Motion for Summary Judgment**

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**Exhibit A**

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**BUSINESS RECORDS AFFIDAVIT**

**STATE OF TEXAS**

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§  
§

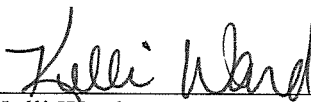
**COUNTY OF WALKER**

BEFORE ME, the undersigned authority, personally appeared, Kelli Ward, who, being duly sworn by me, deposed as follows:

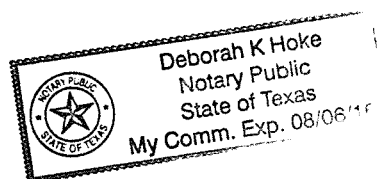
“My name is Kelli Ward. I am over 18 years of age, of sound mind, capable of making this affidavit, and have personal knowledge of the facts herein stated:


I am employed as the Manager of Offender Grievance for the Texas Department of Criminal Justice (TDCJ). I am the custodian of the Offender Grievance Records for the TDCJ, and these records were kept in the regular course of business, and it is the regular course of business for an employee or representative of the TDCJ, with knowledge of the act, event, condition, or opinion, recorded to make the record or to transmit information thereof to be included in such record. The record was made at or near the time or reasonably soon thereafter. I have reviewed the grievance records for Offender **Ramirez, Ruben** TDCJ #1819361, Cause Number 5:15CV333, for the time period of February 2013 to December 2013.”

“The records attached hereto are the original or exact duplicates of the originals.”

  
Kelli Ward  
Manager, Offender Grievance  
Texas Department of Criminal Justice

SWORN TO AND SUBSCRIBED before me on this the 26<sup>th</sup> day of May, 2015.



  
NOTARY PUBLIC in and for  
The State of Texas



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: RUBEN RAMIREZ TDCJ # 1819361  
 Unit: McCONNELL Housing Assignment: 8-L-54B  
 Unit where incident occurred: DOMENQUEZ UNIT

## OFFICE USE ONLY

Grievance #: 2013133499  
 UGI Recd Date: JUL 08 2013  
 HQ Recd Date: JUL 12 2013  
 Date Due: 8-17  
 Grievance Code: 800.624  
 Investigator ID#: 1975  
 Extension Date: 9-16

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Simply because Warden  
SCALE FAILED TO BE SPECIFIC ABOUT WHAT "AGENCY" EXACTLY WAS MY  
"COMPLAINT" FORWARDED TO? AND WHY HAVN'T OEB ASKED ME  
ABOUT PENDING CHARGES? I AM STILL ONLY SUFFERING FROM  
INJURIES (TOO MY WRIST, MY ANKLE AND MY HEAD) THAT  
WERE A RESULT FROM THE ASSAULT ON ME UNDER THE  
QUEST OF A "USE OF FORCE" ... I AM STILL GRIEVING "PHYSIC-  
ALLY" AND "MENTALLY". UNTIL I KNOW EXACTLY WHAT "AGENCY"  
MY COMPLAINT WAS FORWARDED TO MY FAMILY'S ATTORNEY  
DO NOT CAN NOT MAKE A FORMAL COMPLAINT ON MY BEHALF... PLEASE  
ALLOW ME TO FILE "FORMAL CHARGES" HERE FROM THIS UNIT  
(McCONNELL)... WOULD YOU PLEASE CONTACT THE INFIRMARY  
HERE SO THAT THEY WOULD FOLLOW-UP ON MY INJURIES  
THAT OBTAINED THAT NIGHT (4/21/13)? I'VE ONLY SEEN  
THEM "ONCE" FOR MY PAIN YET I'M SUFFERING WITH "CHRONIC  
PAIN". I'VE ALREADY INFORMED THEM (MEDICAL STAFF) OF MY  
SITUATION BUT TO NO AVAL. THANK YOU FOR YOUR  
TIME AND ASSISTANCE ON THIS MATTER.

(PLEASE NOTE THAT I RECEIVED MY STEP 1 BACK ON  
6-26-13. OFFICER ARNST AND SGT. J. RODRIGUEZ  
CAN CONFIRM THAT THIS IS TRUE. THANK YOU.)

I-128 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Appendix G

Offender Signature: Ruben RamirezDate: 7/03/13

Grievance Response:

Your medical concern was referred to the Office of Professional Standards. They stated A review of the Step I grievance and supporting documentation was completed regarding your complaint that you are not receiving proper medical treatment for your left wrist or your head since the use of force altercation that happened on 4/21/2013. According to the documentation in your medical record, you were assessed by a nurse on 4/21/2013 after the documented use of force and your injuries were noted. You were seen for a follow up by nursing on 4/22/2013 and referred to the provider. You were also seen by Mental Health on 4/22/2013. You were seen by the provider on 4/24/2013 for a follow up and complained about your left wrist, left foot and headache. X-rays were ordered on your Left hand, wrist and foot. You were issued Ibuprofen and instructed to return to the clinic for any problem. You were seen by Mental Health on 4/26/2013. There is no documentation of any complaints during the nurse's daily rounds while you were in solitary confinement from 4/22/2013 to 4/29/2013. You were seen by the provider on 5/1/2013 for a follow up after X-rays. It was explained to you there is no apparent fracture. You were prescribed tegretol for neuropathy due to your complaint that your fingers feel numb. You were instructed that if this did not help you may be referred to a specialist and to return in one month or sooner for any problems. There is no documentation that you complained of your head. You submitted a sick call request (SCR) on 6/8/2013 requesting an "update" on your left wrist and ankle stating you were still having pain, and to renew bottom bunk and front handcuff restrictions. You were seen by the provider for this on 6/11/2013. You were assessed by nursing on 8/12/2013 for a pre-segregation triage. You signed a refusal to be seen for a scheduled appointment for your complaint of chest pain and heartburn on 8/18/2013. In accordance with TDCJ Correctional Managed Health Care Policy A-01.1, you have not been denied access to care. If you continue to have pain or your condition has changed to warrant further investigation, you may wish to submit a SCR to the medical department. An investigation has been conducted into your complaint. MA-02161-14-15 was documented in accordance with the TDCJ Use of Force Plan. All use of force reports are reviewed at the unit, regional, and administrative levels. Your concerns have been noted and any issues of staff misconduct will be addressed in accordance with the General Rules of Conduct and Disciplinary Action Guidelines for Employees. No further action warranted by this office.

Signature Authority: E. BALL

Date:

SEP 21 2013

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
2 <sup>nd</sup> Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
3 <sup>rd</sup> Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	

I-128 Back (Revised 11-2010)

Appendix G



## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2013133499Date Received: APR 24 2013Date Due: 6-3-13Grievance Code: DIS, 601-800, 624Investigator ID #: 1685

Extension Date: \_\_\_\_\_

Date Retd to Offender: JUN 04 2013Offender Name: RUBEN RAMIREZ TDCJ # 1819361Unit: DOMINGUEZ Housing Assignment: 8-D29Unit where incident occurred: DOMINGUEZ

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? SGT. FEAZEL When? 4/21/13 AT 9PMWhat was their response? "FILE A STEP 1 GRIEVANCE"What action was taken? NONE APR 24 2013

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I AM GRIEVING BECAUSE I WAS PHYSICALLY ASSAULTED BY THREE (3) OFFICERS: J. HARRIS, RIVERA AND MIZE. AT APPROX. 8PM ON 4/21/13 SEVERAL OFFICERS ENTERED MY DORM TO CONDUCT A CELL SEARCH. ALL OFFENDERS WERE ORDERED TO UNDRESS DOWN TO THEIR BOXERS AND GO OUT TO THE REC YARD. SO AS I WAS WALKING TOWARDS THE DOOR TO EXIT THE DORM, AN OFFENDER KICKED A SOCK <sup>ON THE GROUND</sup> IN MY DIRECTION. SO I REMAINED DOWN TO GET IT WHEN ALL AT ONCE I WAS TACKLED / DUG RELED BY THESE 3 OFFICERS. WELL I DIDNT RESIST AT ALL BECAUSE I COULDN'T EVEN IF I WANTED TOO. SO AFTER I WAS HANDCUFFED, THEY (ALL 3 OF THEM) BEGAN TO KICK, HIT AND SLAP ME ALL OVER MY BODY. I HAVE CUTS AND BRUISES (STILL, RECENT NOW) ON MY WRISTS, MY ARMS, MY BACK, MY LEGS AND THE BACK OF MY HEAD. HEAVY WITH MY LEFT EAR IT STILL HURTS AND RINGED FROM ALL OF THE PUNCHES I RECEIVED. PLEASE NOTE THAT THERE WAS NO VIDEO CAMERA AT ALL OF THIS WAS TAKING PLACE. I ONLY REALIZED THIS AFTER SEVERAL MINUTES OF GETTING BEAT UP ON — THEN I HEARD ONE OF THE OFFICERS SAY, "HERE COMES THE VIDEO. GET OFF OF THEM!!" THEN THE BEATING STOPPED. I AM GRIEVING BECAUSE I CAN FEEL IN MY LEFT WRIST THAT I SUSTAINED "NERVE DAMAGE" SIMPLY BECAUSE I NOW HAVE NO FEELING IN TWO OF MY FINGERS IN MY LEFT HAND. I AM GRIEVING BECAUSE I HAVE NOT BEEN ABLE TO CONTACT MY FAMILY (BY LETTER OR BY PHONE) TO INFORM.

APR 24 2013 (OVER)

I-127 Front (Revised 11-2010) YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

Appendix F

THEY OF COURSE DID HAPPENED TO ME. I AM GRIEVING BE-  
 CAUSE I AM STILL IN PAIN ON CERTAIN PARTS OF MY BODY  
 (WRIST, HEAD) YET I ~~STILL~~ HAVE NOT BEEN GIVEN  
 PROPER MEDICAL ATTENTION... AND I AM GRIEVING BECAUSE  
 THESE 3 OFFICERS VIOLATED POLICY BY ASSAULTING ME  
 WHILE I WAS IN HANDCUFFS; THEY BROKE THE LAW AND  
 COMMITTED AN ASSAULT ON ME YET NO ACTION HAS BEEN  
 TAKEN AGAINST THEM.

Action Requested to resolve your Complaint.

I WOULD LIKE TO CONTACT MY FAMILY TO HIRE AN ATTORNEY;  
 I NEED MEDICAL ATTENTION FOR MY WRIST AND HEAD; A FULL INVESTIGATION

Offender Signature: Ruben Ramirez

Date: 4/23/13 APR 24 2013

Grievance Response:

Your complaint has been noted and forwarded to the appropriate agency Official for investigation.

Warden S. Seale

Signature Authority: Warden Seale

Date: 6/1/13

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response.  
 State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2 <sup>nd</sup> Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3 <sup>rd</sup> Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	

Appendix F